MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/596,282	06-08-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		8					51						
2		1						52						
3		1						53						
4		1						54						
5		2						55						
6		2						56						
7		(1)						57						
8	1		8					58						
9				1				59						
10				1				60						
11				1				61						
12				1				62						
13				1				63						
14				1				64						
15				1				65						
16				1				66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		2					TOTAL IND.						
TOTAL DEP.	8		6					TOTAL DEP.						
TOTAL CLAIMS	10		8					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage